

UMHMF Listening/Learning Tour Summary Report July 2006

During the week of June 26-30, the Health Fund conducted listening/learning sessions in 14 communities in central and western Kansas. These sessions were designed to engage church and community leaders, health and social service professionals, education professionals, neighboring communities, senior and special needs populations, and other stakeholders in providing input for the development of a strategic plan that will guide the Health Fund's grantmaking from 2007 through 2009. Specifically, the sessions provided an opportunity to:

- Increase awareness of the mission and role of the Health Fund as a resource for health in Kansas
- Gather input from community members regarding suggested prioritization of the five funding areas being considered by the Health Fund
- Discover other areas for consideration and any additional information participants would like to share with the Health Fund Board
- Learn about potential strategies that participants feel the Health Fund should employ to maximize impact

Listening/Learning Tour 2006

Date	Location	Attendance
6/26	Hutchinson	33
6/26	Salina	44
6/26	Clay Center	20
6/27	Phillipsburg	14
6/27	Hill City	36
6/27	Colby	37
6/28	La Crosse	22
6/28	Garden City	21
6/28	Ulysses	18
6/29	Dodge City	38
6/29	Anthony	19
6/29	Winfield	26
6/30	Wichita	98
6/30	Newton	16

The following report is a summary of these meetings:

- The three areas most frequently cited as priority issues areas are Healthy Lifestyles, Access to Healthcare, and Aging.
- With only an hour and a half scheduled for each meeting, more time was spent on problem identification than problem solving.
- A concern common to most of the sessions was the lack of awareness of existing local community resources.

- Many overlapping and crosscutting issues are cited under several broad work areas rather than being listed separately.
- Apparent differences among community input may be attributable to the different makeup of participants as much as to community interests. Participants were not strictly solicited and many demographic differences existed both among and between communities.

HEALTHY LIFESTYLES

This area generated the most interest and was considered a top priority in ten sessions. The discussion focused on reframing the definition of health, with an emphasis on changing personal habits. Specific issues mentioned are listed in order of frequency mentioned:

- Obesity education
- Education programs in nutrition
- Preventative services and Wellness Promotion in community facilities
- Resources/opportunities for exercise
- Diabetes awareness
- Substance Abuse
- Infectious and contagious diseases
- Education about immunizations
- Positive mental health
- Parenting
- Housing
- Personal responsibility
- Nature Deficit Disorder

Possible strategies included:

Promote Healthy Living

- Encourage walking with paths and sidewalks with fitness stations
- Create bike paths on roadways
- Create signs to indicate distance between points in the community
- Develop alternative currency incentives to live a healthy lifestyle
- Provide affordable access to healthy foods (fruits/veggies) through local stores
- Provide screenings/assessments for individuals promoting healthy lifestyles, especially for age 45 and over
- Create smoking cessation programs
- Examine the human animal bond and use animals to help people become more independent and benefit from healthier attitudes

Focus on early childhood

- Work with preschools and schools to provide education about living healthy lifestyles
- Support increased physical activity in schools and healthy meal options
- Provide better choices for kids and parents at baseball games
- Teach parents how to cook healthy meals and keep children active
- Prevent bullying both with children and their parents

- Provide good ideas for healthy families: family meals, family activities, quality time, family game night, picnics

Healthy Congregations In Action

- Expand Healthy Congregations beyond churches to other denominations and to the workplace
- Pour leaders into Healthy Congregations program and extend leadership beyond congregations
- Make UM congregations more aware of the Health Fund
- Healthy coffee hour foods in congregations
- Have a walk/bike to church day
- Make health and wellness information available to every UM church to use in newsletters
- Provide education and healthy activities in a summer food program through the church
- Provide education, support, and training of trauma care

Network with groups doing this work in local communities

- Support programs that provide education for fall prevention and poly medication
- Expand parish nurse program across state
- Establish a state-wide community health day/ health fair and promote awareness programming at established community festivals
- Connect to Visioneering Wichita
- Use lessons learned from Health & Wellness Coalition
- Expand knowledge and use of community-based initiatives (Tobacco Free Kansas)
- Work through the public schools and community to provide speakers that would address family issues such as parenting, healthy eating, depression, addictions, Internet issues, family dynamics, etc.
- Partner "unlike" groups that are working on similar healthy lifestyle issues (stroke prevention, CHC's wellness programs, etc.)
- Increase the capacity building of healthcare providers so they can become effective advocates and models for healthy lifestyles
- Create small grants to communities for community strategic planning for healthy lifestyles

ACCESS TO HEALTHCARE

Access to Healthcare was among the top three priorities in nine communities. Rural disparities and networking with other health agencies and civic organizations were the main issues discussed. Discussions also revealed that community members are unaware of available resources. Other issues are listed in order of frequency mentioned:

- Increase access to doctors in rural areas
- Recruitment and retention of other medical professionals
- Healthcare for the uninsured/underinsured, especially working poor
- Health insurance for young males
- Healthcare for undocumented residents, especially facing uncertain immigration issues

- Oral Health Access
- Availability of Medicaid
- Prescription medication
- Affordability
- Long term care insurance
- School based services such as school nurses, clinics, home visits
- Safety net services in rural clinics and public health
- Nursing needs
- Support for families with children with chronic illness
- Increasing cultural awareness and sensitivity among providers

Solutions discussed included:

Enhance the development, recruitment, and retention of healthcare providers

- Incentive program for homegrown healthcare providers to stay here
- Incentive program for healthcare providers to come to our area
- Increased support staff for rural healthcare resources
- Gain approval for foreign dentists to provide services in Kansas, as they do on other states
- Expand primary care providers to all areas of state (including oral, mental, nutrition) by increasing reimbursement to them (over specialists)
- Provide assistance to universities to increase the number of healthcare providers as faculty
- Give grants to increase use of telemedicine through equipment and training
- Increase the number of nursing educators through education and scholarships

Decrease health insurance costs

- Pro-rate premiums for healthcare insurance based on salary
- Create a community wide program that could negotiate with insurance providers to provide incentive of insurance benefits
- Prescription drug help through pharmaceutical companies
- Encourage businesses to understand the value of healthcare benefits and to provide those benefits
- Provide non-profit health insurance that is attached to the individual, not the employer
- Create incentives on reduced premiums for non-use of insurance
- Lower administrative costs by: bringing together disparate systems in an already collaborative environment, create technologies for record keeping that prevent duplication, identifying and guiding clients into system from prevention to treatment
- Provide health education regarding what warrants an ER visit and when to call an ambulance
- Education on prescription healthcare plan, including what is/is not paid for with federal assistance
- Use complementary currencies

Bring agencies together to share resources and work collaboratively to meet mutual goals

- Create a cooperative plan and foster a task force to get all providers together

- Create an environment of access to share success stories and methodology through statewide meetings, reports, websites
- Promote an internet resource guide for area services: medical, dental, mental health, parenting classes, healthy lifestyles, healthy aging
- Give guides to schools, clinics, and community extensions

AGING

Participants agreed that aging was a top issue of concern in eight communities. The conversation focused on developing a Continuum of Care through community-centered assisted living and home services. Again we discovered that community members are unaware of services currently available. Specific issues included:

- The need for caregivers for those with no support system
- Helping the elderly remain in their own homes
- Affordable assisted living
- Integration of the elderly into community events
- Aging in place possibilities
- Chronic disease management
- High unemployment rate of those 50 and over
- Qualified workforce
- Help for caregivers with children at home and parents in need
- Depression
- Minority aging

Suggested strategies included:

Increase healthcare/prescription medications

- Expand prescription drug coverage education
- Re-educate seniors on long term care
- Create a toolkit that could be sent to individuals who aren't eligible yet for Medicare to inform them of resources available and steps to apply for resources
- Tele-home monitoring for elderly with chronic diseases
- Educate the aging population on the need for health care intervention before serious health problems occur

Enhance mental and physical skills of older citizens

- Utilize senior centers with a greater access/awareness of their services to promote competent/graceful aging
- Provide senior workshops: budgeting, checkbook balancing, cooking smaller meals
- Provide Financial education to help individuals plan for and take responsibility for their own financial security
- Provide tuition assistance to re-skill

- Fund and locate fitness equipment in churches where it is accessible to seniors and low income families at no cost

Provide caregiver assistance

- Provide tax incentives for dependents to take care of elderly to encourage "family care"
- Create a toolkit to individuals with aging parents, making them aware of services available to the elderly, including disability
- Encourage the development of community-based group homes to provide "supervision" care
- Create a network including volunteers for a "sense of family"
- Establish a 1-800 number for caregivers of elderly to find resources available
- Create an adult daycare to give caregivers a break
- Support persons to come into home to relieve caregivers
- Create a mentoring program between youth and aging
- Provide case managers based in clinics

Promote greater awareness and advocacy of existing programs

- Convene policy leaders, community leaders, service providers, and state public and private partnerships to focus on housing and community support
- Create an advocacy board made up of community seniors to educate/support one another and change policy
- Build a virtual community resource board with web-based and telephone touch
- Advocate for individual care in advancing age especially in nursing homes
- Educate the community regarding resources and activities using TV, newspaper, church bulletin inserts, Ministerial Alliance, person to person contact
- Provide advocacy/legal assistance for those inappropriately laid off

ORAL HEALTH

Three communities considered Oral Health among the top three priorities. Issues discussed included:

- Shortage of dentists in rural Kansas
- Retention of dentists
- Need for dental hygienists in school districts
- Early intervention and education prevention for tooth decay at all ages

Possible solutions discussed:

Increase access to dental care in rural Kansas

- Loan forgiveness for dental school loans if they practice in underserved area OR scholarships with agreement to practice in underserved area
- Continue advocacy for hygienists to work outside dental office in schools, nursing homes, early childhood programs
- Educate dentists and hygienists on extended care permit

- Survey hygienists regarding knowledge, awareness, and attitudes about extended care permit
- Promote and expand AEGD programs
- Educate policy makers on importance of access to dental care
- Work to increase the Medicaid reimbursement rate for dental care
- Streamline paperwork for reimbursement
- Establish priority area for aging and for rural areas

Emphasize the importance of oral health

- Continue fluoridation efforts
- Support education in elementary schools, including cool tablets that show where you "missed" brushing
- Require new moms to watch video on baby bottle mouth before discharge from hospital
- Primary care and pediatric doctors could promote dental care- have pediatricians give 1st toothbrush at 6 mo./ 1 yr. visit and provide information regarding bottle mouth cavities and other cavity causes, such as bacterial infections

ENVIRONMENTAL

Only one session discussed Environmental Health as a top priority. Areas mentioned included:

- Second hand smoke
- Air quality
- Water quality
- Farming and exposure to chemicals
- Feed-lot dust and odor
- Expansion of electric plant and potential decreased air quality

Potential strategies included:

- Smoke free institutions mandated
- Indoor air quality regulations
- Collect water data that leads to education and cooperative ventures
- Examine the connection between pesticide aerial spraying and cancer
- Feedlot "mist"
- Encourage walking and biking to reduce car emissions

OTHER

Several other health issues surfaced in communities. Mental Health, Child/Youth Health, and Transportation were identified as top priority areas in several of the communities. Specific areas mentioned and potential strategies discussed are listed below in order of frequency mentioned.

MENTAL HEALTH

Mental Health was discussed as a top priority in five communities. Specific issues discussed include:

- Quality
- Choices
- Access
- Need to remove cultural barriers that make seeking help unacceptable
- Need to educate to reduce stigma

Solutions discussed:

- Investigate new ways to provide mental health integrated in a medical clinic to reduce stigma
- Focus on mental health in all priority areas
- Target at-risk youth to learn about mental illness
- Support community awareness education
- Develop peer mentoring

CHILD AND YOUTH HEALTH

Five sessions considered child/youth health a top priority and included the following areas:

- Prenatal care/education
- Parenting help
- Children with disabilities
- Drug and alcohol abuse of parents
- STD education for 16-25-year-olds
- Teen Pregnancy
- Link between literacy and substance abuse

Possible strategies included:

- Offer parenting classes in high school or church youth group
- Expand mentoring program for children for faith-based programs connecting at-risk youth to congregations
- Develop a prenatal and new parents mentoring program
- Create after-school programs for kids with disabilities and their non-disabled peers
- Create educational materials to address nutrition, STDs, etc.
- Sponsor a live music concert for ages 16 to 25 in every county seat where the band or "MC" makes messages regarding safe sexual choices for a healthy lifestyle

- Address health advocacy for children including proper healthcare, immunizations, screenings, etc. at appropriate age
- Increase the number of low-income mothers obtaining prenatal care
- Sponsor bullying prevention
- Increase awareness of resources for young parents and provide assistance in using resources

TRANSPORTATION

Transportation of patients to healthcare appointments was considered a top priority in three communities. Potential solutions included:

- Enable services by providing adequate and convenient transportation for the young and old
- Develop a volunteer transportation system with a central dispatch to link volunteers with those who need a ride
- Expand on the Care-Van or Health Express services to offer regional transportation options for rural communities
- Have regional trainings and take the trainings to the participants and don't charge for participation
- Coordinate regional organizations in order to provide local and regional transportation

The following other health issues were discussed:

- Domestic Violence
- Poverty
- Redefining health
- Education in neurosciences
- Health Literacy
- Life Skills: Behavior, workforce, parenting, aging
- Housing
- High school dropout rate
- Building Social Capital
- Increasing financial knowledge among low SES populations
- Operational Supports for Infrastructures